Mental Health and Substance Abuse Reporting Requirements
Section 425 of P.A. 154 of 2005

By April 1, 2006, the Department, in conjunction with the Department of Corrections, shall report the following data from Fiscal Year 2004-2005 on mental health and substance abuse services to the House of Representatives and Senate Appropriations Subcommittees on Community Health and Corrections, the House and Senate Fiscal Agencies and the State Budget Office:

Subsection (a) The number of prisoners receiving substance abuse services which shall include a description and breakdown on the type of substance abuse services provided to prisoners.

The information provided in Subsection (a) below was supplied by the Department of Corrections. The Department of Corrections is responsible for providing substance abuse services to prisoners.

Outpatient Substance Abuse Services: This is "traditional" outpatient level treatment primarily delivered in group settings. Prisoner participation usually ranges between 16 and 20 sessions. Total admissions for assessment and treatment – 7,756.

Residential Substance Abuse Services: These services consist of group and individual counseling and other rehabilitative efforts provided in controlled environments. This is the most intensive of the service options available for prisoners. Program participation is for a minimum of six months and may be extended an additional six months for individual prisoners. These services are provided at Cooper Street Facility for males and Huron Valley Complex/Women's for women. Total admissions for assessment and treatment – 260.

Substance Abuse Education Services: Prisoners with substance abuse problems receive educational and motivational information. Didactic sessions are delivered twice per week and prisoners must attend 13 sessions in order to complete the program. Total number of enrollees - 5,287.

Subsection (b) The number of prisoners receiving mental health services which shall include a description and breakdown on the type of mental health services provided to prisoners.

Acute Inpatient Services: Consists of acute inpatient mental health services to male and female prisoners at the Huron Valley Correctional Complex that provides 24-hour access to psychiatric, psychiatric nursing, and correctional services 7 days per week. It is the preferred level of care for seriously mentally ill prisoners with active symptoms of psychosis or high suicide risk. A multidisciplinary team of mental health and correctional professionals provides mental health care and programmatic intervention. Custodial care is provided entirely by correctional personnel. Services provided in this setting are more comprehensive than those typically available elsewhere in the Corrections Mental Health Program continuum. Average FY2005 census - 35.

The Acute Inpatient Services program follows a biopsychosocial model, emphasizing intensive diagnostic assessment, stabilization with psychotropic medications, and brief psychotherapy. It offers a protective environment that facilitates stabilization of acute psychiatric disorders and rapid triage to other levels of care. Integrated services emphasize coordination with other service providers and organizations.

Inpatient psychiatric treatment services involve coordination of multiple, distinct processes, including psychiatric diagnosis, assessment of functional behavioral deficits, and development of a Comprehensive Individual Treatment Plan that is the framework for treatment that typically involves psychotropic medications, crisis intervention, and behavior management, that promote restoration of a previous level of functioning; and, when possible, discharge to the previous level of care and supervision. Discharge, referral, or transfer of prisoners for continuing care in less intensive settings is a major focus of planning from the time of admission.

Treatment needs, goals and methods are determined by an interdisciplinary treatment team under the leadership and clinical direction of a psychiatrist. Acute Inpatient Services prisoners require active psychological and behavioral interventions, frequent changes in medication regimens, and close medical monitoring because of concurrent medical conditions, complex medication needs, and poor self-care. Staff will conduct continual behavioral and medical monitoring of medication effects and side effects and evolving suicide and violence risk.

Therapeutic programming is delivered by treatment team members. These are qualified mental health professionals that include psychologists, social workers, activity therapists, nurses, and physicians; and correctional professionals, including Correctional Officers, Residential Unit Officers, Resident Unit Managers, and Assistant Resident Unit Supervisors. Under this model it is critically important that corrections and mental health professionals work closely to maintain the integrity of the treatment model in all clinical and operational activities.

Rehabilitation Treatment Services (Subacute Care): Consists of Inpatient Mental Health Services provided to both male and female prisoners who are chronically mentally ill and unable to function in general prison-housing units. Programs are designed to ameliorate psychiatric symptoms and improve daily functioning. This care is provided at Huron Valley Correctional Complex. Average FY2005 census – 150.

The Rehabilitation Treatment Services is for seriously mentally ill prisoners with symptoms and functional deficits that are chronic, resistant to treatment, or disabling and who are not suitable for treatment in a less restrictive level of care. Often they have prominent negative symptoms of mental illness, severe difficulties with social skills, and

difficulty in negotiating the activities of daily living without frequent supervision and assistance.

Rehabilitation Treatment Services follows a biopsychosocial rehabilitation model of mental illness and treatment. The model emphasizes a prisoner's strengths and seeks to empower the individual to function as independently as possible in the prison setting. The model addresses the residual psychosocial needs remaining after initial psychiatric treatment has been established. The goal is to enable prisoners to function within a Residential Treatment Program, or another level of care within the Community Mental Health Program. Rehabilitation Treatment Services also provides treatment and support services to prisoners who have received maximal benefit from acute psychiatric services but who, nevertheless, are not well enough for placement in a Residential Treatment Program. This may include prisoners who have had partial or poor responses to psychotropic medications.

Treatment needs, goals and methods are determined by an interdisciplinary treatment team under the leadership and clinical direction of a psychiatrist and are documented in a Comprehensive Individualized Treatment Plan. Prisoners at this level of care often have not achieved the full benefits anticipated from psychotropic medications, and thus may require frequent changes in medication regimens. Prolonged medication trials, complex combinations of psychotropic medications, and novel uses of medications may be needed to overcome treatment resistance. Close behavioral and medical monitoring is necessary to assess the effects and side effects associated with these regimens.

Program activities enhance independent living skills, psychosocial skills, social/leisure skills, wellness promotion, health education, academic skills, stress management, community integration, self-management, and basic cognitive skills. Outcomes from treatment program activities are designed to be applicable in prison and community settings.

Both Acute Inpatient Services and Residential Treatment Services plan to be accredited for the treatment of mentally ill prisoners by the Commission on Accreditation of Rehabilitation in the Spring of 2007.

Residential Treatment Program: The Residential Treatment Programs are located in four prisons, three male and one female and consists of eight treatment teams. The Commission on Accreditation of Rehabilitation Facilities accredits the Residential Treatment Programs as partial day programs. Average FY2005 census – 609.

The primary treatment focus is based on a bio-psychosocial rehabilitation model. The primary treatment goal is the acquisition of those skills necessary to function independently within the general prison community or within society following parole or discharge from prison. The Residential Treatment Program also provides treatment and support services to prisoners who no longer require psychiatric hospitalization but have not progressed behaviorally to the point where they can function independently in the general prison population.

The target population consists of prisoners with serious mental illnesses whose primary symptoms have begun to remit but who continue to demonstrate significant impairment in social skills and a limited ability to participate independently in activities of daily living. These

individuals cannot function adequately in the general prison population without significant support and modified behavioral expectations.

The treatment team typically consists of a qualified mental health professional as the team supervisor, a psychologist, clinical social worker, psychiatric nurses, clinical nurse specialist, activity therapists, secretary, medical records support, resident unit officers, resident unit supervisors, and prison counselors. The staff offices and treatment areas are located in a prison housing unit. The typical team capacity is 70-85 prisoners. Services are provided seven days per week, 8:00 a.m. to 8:00 p.m. The team works with the prisoners in the identification of their needs and in the development of goals and interventions to be incorporated into individualized treatment plans.

The goal of treatment is to achieve remission of the prisoners' symptoms and acquisition of skills to manage their symptoms and function independently. The methods used to accomplish the objectives consist of activity therapies, such as music and recreational; psycho-educational; psychotropic medication; cognitive restructuring; self-help skills; prison employment; problem solving techniques; behavioral therapy; and prison/community integration planning. The services are provided through intensive, direct support by staff with the provision of a minimum of 12 hours of activity per week.

Crisis Stabilization Program: This program provides services for managing and treating disruptive prisoners whose behavior is linked to symptoms of mental illness or who are engaging in or threatening to engage in suicidal/self-injurious behavior. The program provides expedited access to psychiatric evaluation in a mental health emergency through a combination of on-site and on-call services. The more intensive evaluation is done in a safe and secure setting. The treatment goal is to stabilize, with solution-focused treatment, prisoners experiencing a crisis of such intensity that their normal level of coping is no longer sufficient to allow them to stay in the general prison population. The goal is to return the prisoners to their previous level of functioning and/or send them on to the most appropriate level of care. The program is located at two prisons and is accessible 24 hours a day, seven days per week. Average FY2005 census – 8.

The target population consists of prisoners whose symptoms and behavior initially appear to be indicative of mental health crisis with a need for immediate intervention and further evaluation. The crisis may be an urgent or potentially emergent mental illness and/or a high risk of suicide.

The Crisis Stabilization Team typically consists of resident unit officers, psychiatric nursing, health care nursing, a psychiatrist, and other qualified mental health professionals as necessary. Interventions typically include brief solution-focused therapies, psychopharmacological intervention, crisis intervention techniques, brief psycho-educational interactions, strategies for thinking productively, and interpersonal interventions to modify behaviors.

Outpatient Services: Encompass 15 outpatient mental health teams providing services in 22 prisons. Two teams, the Reception and Guidance Center for men and the Reception Center for women, evaluate all prisoners believed to be mentally ill or believed to have a severe mental disorder after the prison intake screening. The outpatient program has received accreditation for the treatment of mentally ill prisoners by the Commission on Accreditation of Rehabilitation Facilities. Average FY2005 caseload was 2,368.

The Outpatient Team serves two main functions. One is to ensure continuity, quality, and accessibility of care for prisoners discharged from Acute Inpatient Services, Rehabilitation Treatment Services, Residential Treatment Program, and Crisis Stabilization. Secondly, this program serves as a point of entry to the Corrections Mental Health Program for prisoners requiring mental health services. The target population consists of individuals with symptoms of mental illness or emotional disorders with moderate functional impairment due to the symptoms of mental illness or emotional disorder who can care for their basic needs and live independently within the general prison population.

The Outpatient Mental Health Team is a multi-disciplinary team typically consisting of a psychiatrist, psychologist, clinical social worker, psychiatric nurse, prison resident unit officer or counselor, and secretary with one of the qualified mental health professionals as the team supervisor or leader. The team works with the prisoners in the identification of the needs and development of goals and interventions that are integrated into individualized treatment plans. Offices are centrally located within the prison and prisoners come from the housing units for appointments. Exceptions to this would be staff going to a prisoner's cell in a crisis situation or prisoners who are housed in segregation. The typical caseload is 175 prisoners per team.

The Outpatient Mental Health Treatment Program is based on a bio-social-cognitive behavior model, emphasizing correction of thought distortion, interpersonal interactions, psychopharmacology, and psychosocial rehabilitation. The goal is to help the prisoner deal with the symptomatology of the mental illness to gain self-control of the illness and compensate for the deficiencies the mental illness may cause. This is accomplished through teaching of various skills, medication, cognitive interventions, and a relapse prevention plan. The model goes beyond the elimination of positive symptomatology, such as hallucinations and delusions, through the use of psychotropic medication. It incorporates various methods to deal with the negative symptoms, such as severe, impoverished functioning skills, problems dealing with other individuals, presence of negative cognitive shifts, anhedonia, etc. Methods include cognitive restructuring, behavioral modifications, psychosocial education, self-help skills, and problem solving techniques.

Subsection (c) Data indicating if prisoners receiving mental health services were previously hospitalized in a State psychiatric hospital for persons with mental illness.

A total of 3,480 prisoners receive Mental Health Services and 656 prisoners (19%) were previously hospitalized in a State psychiatric hospital (as of January 9, 2006). The total prison population was 48,970 at the end of September 2005; 7% of prison population receive Mental Health Services.